**FOR OFFICE USE ONLY**

Vendor # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice # \_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_

**RURAL CONTINUING MEDICAL EDUCATION COMMUNITY FUNDS CHEQUE REQUEST**

**\*\*If applicable, please include any receipts/invoices/proof of payment for tracking purposes.**

*e-Fillable Form*

|  |  |
| --- | --- |
| **Community** | **DUNCAN** |

|  |  |
| --- | --- |
| **Name of Event** | RCME event, workshop, course, etc. |

|  |  |
| --- | --- |
| **Date of Event** | Date of event, workshop, course, etc. |

|  |  |
| --- | --- |
| **Cheque payable to** *(separate forms required for each payee)* | Payee first and last name |

|  |  |
| --- | --- |
| **MSC/MSP #** (if applicable) | MSC/MSP number |

|  |  |
| --- | --- |
| **Address** | Apt #  |
|  | Street # and Name |
|  | City and Province/State |
|  | Postal Code or ZIP code |

**Description of Expenses** (examples: course fees, speaker fees, honoraria, catering, venue, accreditation, \*community physician admin coordination, other)

|  |  |
| --- | --- |
| Expense type | $Amount |
|  | $  |
|  | $  |
|  | $  |
|  | $  |
| Total | $Expenses Grand Total |

\**community physician admin coordination @ $158.97/hour*

**AP Code: 911.41.6200001**

|  |  |
| --- | --- |
| **Requestor Name** | Name of person requesting cheque/reimbursement |
| **Requestor Contact Information** | Phone and/or Email |

|  |  |
| --- | --- |
| **Physician RCME Lead or Designate** (approver) | Name of approver of the funds release |
| **Signature** | Signature/e-signature of approver |

|  |
| --- |
| **Liaison, RCME Community Program****Attention: Antoinette Picone****Email:** **antoinette.picone@viha.ca****Cell: 236.638.1124** |

 **Send to**